

(To be completed by command PLR. Fax this form immediately to your serving PSD upon completion. FAX numbers can be found on the PSASD web site (www.psasd.navy.mil). Also attach this form to service record prior to forwarding to your servicing PSD.)

## NEW RECEIPTS INFORMATION FORM

RATE / NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ WK. PH. # \_\_\_\_\_

COMMAND REPORTING FROM: \_\_\_\_\_

COMMAND REPORTED TO: \_\_\_\_\_

DATE REPORTED TO COMMAND: \_\_\_\_\_

DATE DETACHED FROM LAST PERMANENT DUTY STATION: \_\_\_\_\_

CURRENT RESIDENCE ADDRESS: (Indicate if Government Quarters (GQ), Civilian Apartment (CA), or privately owned (PO)):

\_\_\_\_\_  
\_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

<b>ATTACH FOLLOWING DOCUMENTS REQUIRED BY PSD TO PROCESS PAY ENTITLEMENT:</b>
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\_\_\_\_\_ DD Form 1351-2 (Aug 97) (Travel Voucher) completely filled-out by member

\_\_\_\_\_ Housing termination sheet from previous duty station (if applicable)

\_\_\_\_\_ Verified Page 2 and SGLI

\_\_\_\_\_ Travel history form to start EFT

\_\_\_\_\_ Original order

1. Is member entitled to SDAP? YES NO

2. Is member entitled to CONUS COLA? YES NO

3. Is member entitled to Civilian Clothing Allowance? YES NO

4. Is Government messing Facilities authorized for member? YES NO

Meal Pass issued?

Meal Pass Nr. \_\_\_\_\_

5. MEMBER'S COMMENTS/QUESTIONS (Please use reverse side for more comments/questions.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**PLR OR COMMAND REPRESENTATIVE NAME/SIGNATURE**  
**PHONE NR.** \_\_\_\_\_